

BOSTON REED COLLEGE
MEDICAL BILLING
READING EOB's I

Using EOB's given to you by the instructor. Writing your answers on a separate sheet of paper. The Patients are numbered on the EOB. Answer the following questions for each patient.

Example: Patient # 1 How much did Medicare allow on this claim?
Answer: \$81.03

Begin

Patient # 1 Does the patient have secondary coverage? _____

What secondary insurance do they have? _____

Patient # 2 What portion is the patients responsibility? _____

Patient # 3 How much did Medicare pay the provider on this claim? _____

Does the patient have secondary coverage? _____

What secondary plan do they have? _____

Patient # 4 Did the patient have an office visit or hospital charge? _____

What two things tell you the type of service provided? _____ and _____

Patient # 5 What amount is due from the secondary carrier? _____

What does CO-42 mean ?

Patient # 6 What is the total adjustment for Medicare on this patient? _____

Patient # 7 What secondary insurance does this patient have? _____

Patient # 8 What amount would the patient owe if they did not have secondary insurance? _____

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Answer Key

Patient # 1 81.03 example

Patient # 1 Yes

NALC Helath Benefit Plan

Patient # 2 Zero – They have Medi-cal

Patient # 3 64.82

No

N/A or none

Patient # 4 Hospital

Place of service (POS) and CPT codes

Patient # 5 Contractual obligation what the patient can be billed for

Charges exceed our fee schedule or maximum allowed allowed

Patient # 6 240.27 + 29.94 Medi-Cal adjustment

Patient # 7 Health Net

Patient # 8 29.94

Patient # 9 64.82

No

Patient # 10 99214 Office

Patient # 11 99255 Consultation inpatient or outpatient

Patient # 12 Yes

Tricare


WINDSOR, CA 95492-7816

PROVIDER #: 00A
 PAGE #: 1 OF 3
 DATE: 01/05/04
 CHECK/EFT #: 176965619

 * The physician and clinical lab fee schedules revised as a result of the *
 * Medicare Prescription Drug, Improvement, and Modernization Act of 2003 are *
 * now available on our website at www.medicarenhic.com. As a result of the *
 * physician fee schedule change, the enrollment period will continue through *
 * February 17, 2004. The effective date for any participation change is *
 * January 1, 2004. For more information, please see related articles on our *
 * website. *

PERF	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAMF RA	CARL		HIC 26	00A	ACNT BASCA00803		ICN 0703344073990	ASG Y	MOA MA01	MA18	
00A	1204 120403 11	1 99214			95.00	81.03	0.00	16.21	CO-42	13.97	64.82
PT RCLSP	16.21		CLAIM TOTALS		95.00	81.03	0.00	16.21		13.97	64.82
CLAIM INFORMATION FORWARDED TO: NALC HEALTH BENEFIT PLAN											64.82 NET
NAMF DA	JOY		HIC 55	1A	ACNT DOWJ000806		ICN 0703344073970	ASG Y	MOA MA01	MA07	
00A	1205 120503 11	1 99214			95.00	81.03	0.00	16.21	CO-42	13.97	64.82
PT RCLSP	16.21		CLAIM TOTALS		95.00	81.03	0.00	16.21		13.97	64.82
CLAIM INFORMATION FORWARDED TO: MEDI-CAL											64.82 NET
NAMF MA	MARY		HIC 55	15D	ACNT HOPM000808		ICN 0703344073960	ASG Y	MOA MA01		
00A	1205 120503 11	1 99214			95.00	81.03	0.00	16.21	CO-42	13.97	64.82
PT RCLSP	16.21		CLAIM TOTALS		95.00	81.03	0.00	16.21		13.97	64.82
											64.82 NET

P 0
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 D B A
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 7 0 L



MEDICARE PAYMENT

FEDERAL HEALTH INSURANCE BENEFITS ACCOUNT

THE CHASE-MANHATTAN BANK N.A.
 SYRACUSE, NEW YORK

028856518

NHIC National Heritage Insurance Company
 CMS CONTRACTED CARRIER

PROVIDER NO: 00A7
 INTERNAL NO: 176965619

MO: 01 DAY: 05 YEAR: 04
 PAY DOLLARS: 1013 CENTS: 76

VOID 1 Year After Issue Date

THIS IS YOUR CHECK. PLEASE CASH PROMPTLY.

101.013 DOLLARS AND 76 CENTS

[Signature]
 AUTHORIZED SIGNATURE

FEDERAL HEALTH INSURANCE BENEFITS ACCOUNT

WINDSOR, CA 95492-7816

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028856518 021309379 6018 11326

PERF	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME K	A, NA			HIC 3	97M	ACNT NAKH000811		ICN 0703344073940	ASG Y MOA MA01 MA07		
00A	1203 120303 21			1 99233		90.00	77.47	0.00	15.49 CO-42	12.53	61.98
00A	1204 120403 21			1 99233		90.00	77.47	0.00	15.49 CO-42	12.53	61.98
PT RESP	30.98			CLAIM TOTALS		180.00	154.94	0.00	30.98	25.06	123.96
CLAIM INFORMATION FORWARDED TO: MEDI-CAL											123.96 NET
NAME L	N, SHIRLEY			HIC 2	JD6	ACNT LAWSH00810		ICN 0703344073950	ASG Y MOA MA01 MA18		
00A7	1205 120503 11			1 99214		95.00	81.03	0.00	16.21 CO-42	13.97	64.82
PT RESP	16.21			CLAIM TOTALS		95.00	81.03	0.00	16.21	13.97	64.82
CLAIM INFORMATION FORWARDED TO: HEALTHNET											64.82 NET
NAME S	OPAL			HIC 5	D	ACNT SCHOP00812		ICN 0603344501180	ASG Y MOA MA01 MA07		
00A	1203 120303 21			1 90935		300.00	72.26	0.00	14.45 CO-42	227.74	57.81
00A	1204 120403 21			1 99233		90.00	77.47	0.00	15.49 CO-42	12.53	61.98
PT RESP	29.94			CLAIM TOTALS		390.00	149.73	0.00	29.94	240.27	119.79
CLAIM INFORMATION FORWARDED TO: MEDI-CAL											119.79 NET
NAME T	ERLING			HIC 5	A	ACNT THOER00813		ICN 0703344074300	ASG Y MOA MA01 MA18		
00A	1205 120503 11			1 99214		95.00	81.03	0.00	16.21 CO-42	13.97	64.82
PT RESP	16.21			CLAIM TOTALS		95.00	81.03	0.00	16.21	13.97	64.82
CLAIM INFORMATION FORWARDED TO: HEALTHNET											64.82 NET
NAME V	STUART			HIC 5	A	ACNT VINST00814		ICN 0603344501170	ASG Y MOA MA01 MA18		
00A	1203 120303 21			1 90935		300.00	72.26	0.00	14.45 CO-42	227.74	57.81
00A	1204 120403 21			1 99233		90.00	77.47	0.00	15.49 CO-42	12.53	61.98
PT RESP	29.94			CLAIM TOTALS		390.00	149.73	0.00	29.94	240.27	119.79
CLAIM INFORMATION FORWARDED TO: APWU - HEALTH PLAN DEPT											119.79 NET
NAME W	TODD			HIC 34	C2	ACNT WEYTO00815		ICN 0703344074560	ASG Y MOA MA01 MA07		
00A	1205 120503 11			1 99214		95.00	81.03	0.00	16.21 CO-42	13.97	64.82
PT RESP	16.21			CLAIM TOTALS		95.00	81.03	0.00	16.21	13.97	64.82
CLAIM INFORMATION FORWARDED TO: MEDI-CAL											64.82 NET
NAME W	HAROLD			HIC 5	A	ACNT WHIHA00815		ICN 0703344074550	ASG Y MOA MA01 MA18		
00A	1205 120503 11			1 99214		95.00	81.03	0.00	16.21 CO-42	13.97	64.82
PT RESP	16.21			CLAIM TOTALS		95.00	81.03	0.00	16.21	13.97	64.82
CLAIM INFORMATION FORWARDED TO: PEOPLE'S BENEFIT LIFE INS.											64.82 NET
NAME W	GENEVA			HIC 4	D	ACNT WITGE00817		ICN 0703344074540	ASG Y MOA MA01 MA18		
00A	1203 120303 21			1 99255		230.00	191.06	0.00	38.21 CO-42	38.94	152.85
PT RESP	38.21			CLAIM TOTALS		230.00	191.06	0.00	38.21	38.94	152.85
CLAIM INFORMATION FORWARDED TO: UNITED HEALTHCARE											152.85 NET

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Signature of endorsement, or maturity, or assignment, or other event, is provided under the U.S. Criminal Code. AS PROVIDED BY THE TERMS OF THE LAW UNDER WHICH THIS CHECK IS ISSUED, THE UNDERSIGNED PAYEE, IN ACCEPTING ASSIGNMENT, AGREED THAT THE CHARGE DETERMINATION BY THE MEDICARE CARRIER SHALL BE THE FULL CHARGE FOR ANY SERVICE FOR WHICH THE CHECK IS PAYABLE. THE PATIENT IS RESPONSIBLE ONLY FOR THE APPLICABLE DEDUCTIBLE AND CO-INSURANCE, AND FOR NON-COVERED SERVICES.

PERF	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	Y	GLADYS		HIC	00000000	ACNT	YEDGLO0818		ICN	0703344074530	ASG Y MOA MA01 MA18
00A		1203 120303 21	1	99232		75.00	54.54	0.00	10.91	CO-42	20.46 43.63
PT RESP		10.91		CLAIM TOTALS		75.00	54.54	0.00	10.91		20.46 43.63
CLAIM INFORMATION FORWARDED TO: TRICARE BLUE CROSS OF SC											
43.63 NET											

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	12	1930.00	1267.21	0.00	253.45	662.79	1013.76	0.00	1013.76

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes
 CO Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.
 42 Charges exceed our fee schedule or maximum allowable amount.
 MA01 If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the review. However, in order to be eligible for a review, you must write to us within 120 days of the date of this notice, unless you have a good reason for being late.

An institutional provider, e.g. hospital, skilled nursing facility (SNF), home health agency (HHA) or hospice may appeal only if the claim involves a reasonable and necessary denial, a SNF recertified bed denial, or a home health denial because the patient was not homebound or was not in need of intermittent skilled nursing services, or a hospice care denial because the patient was not terminally ill, and either the patient or the provider is liable under Section 1879 of the Social Security Act, and the patient chooses not to appeal.

If your carrier issues telephone review decisions, a professional provider should phone the carrier's office for a telephone review if the criteria for a telephone review are met.
 MA07 The claim information has also been forwarded to Medicaid for review.
 MA18 The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.

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